AN: The law requires that the death certifi

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1931	CERTI	FICAT	E OF	DEATH

(11924

					Keg. Dist. No.
1. PLACE OF DEATH o. COUNTY	Dorchester	MARYLAND	2. USUAL RESIDENCE (WI		tion: Residence before odmission) Dorchester
RURAL and give i	(If outside corporate limits, write pearest town) Cambridge	16 years	c. CITY OR TOWN (IF Cambrid	outside corporote limits, write l	RURAL and give nearest town)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, give street 117 Robbins St.		d. STREET ADDRESS	obbins St.,	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Ma rtin	Middle	Andrews	4. DATE Mo OF DEATH Feb. 2, 1	
5. SEX Male	6. COLOR OR RACE 7. MARR		B. DATE OF BIRTH June 1,1908	9. AGE (In years lost birthday) 9. Yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
during most of wo	ION (Give kind of work done 10b. rking life, even if refired) t Eastern Shore		USTRY 11. BIRTHPLACE (Stote Chester		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN I	VAME	
	Frank Andrews		Anna Ty		
15. WAS DECEASEDEV (Yes, no, or unknown)	ER IN U. S. ARMED FORCES? 16. (If yes, give war or dates of service)		s. Florence B.	.Andrews,117 R	dressCambridge, Md.
Conditions, if gove rise to couse (o), stoting lying couse lost PART II. OT	immediate DUE TO	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM	inal disease condition Gi	VEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
20a. ACCIDENT W	AS UNDERLYING (20b. DESC G (20b) CAUSE OF DEATH Y MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Port II of item 18.)	YES NO
20c. TIME OF INJU Haur a. m. p. m.		Nat while f	PLACE OF INJURY (Home, form actary, street, affice bldg., etc	n, 20f. (City or town)	(County) (State)
21. I certify to alive on					t,that I last saw the deceased and an the date stated abave. DATE SIGNED 2-2-60
220. BURIAL, CREMATION REMOVAL Specify	Feb.4,1960	22c. NAME OF CEMETERY Dorchester Me		22d. LOCATION (City, town, Cambridge, Mc	
23. FUNERAL DIRECTOR	The K. Hevre	ADDRESS Cambri	100	B 5 '60	SISTRAR'S SIGNATURE

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HOSPITAL OR ATTENDING PHY AN: The law requires that the death certificate be executed will all hours after death. Page 4 to be retained by the haspital or and any physician.

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, age 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal. and in any event within 72 haurs offeredayth.

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		CERTIFIC	CATE OF DEAT	IH	Reg. Dist.	No.
o. COUNTY Dorch	ester Co.	MARYLAN	O STATE		YTAUC	before admission)
	If outside corporate limits	, write c. LENGTH OF STAY IN 1		If outside corporate limits,	write RURAL and give	nearest town)
Cambridg	e. Maryland	1 Day	Corn	ersville, Ma	rkland	
OR INSTITUTION	TAL (If not in hospital, give Maryland	and the second second	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
NAME OF	First		No.	4. DATE	Month	X
(Type or print)	G.	Milbounre	Barrack	OF DEATH	Monin	Day Year
SEX		7. MARRIED NEVER MARRIED		9. AGE (In	yeors IF UNDER 1 Y	EAR IF UNDER 24 HRS.
Male		WIDOWED DIVORCED		lost birtt	hdoy) Months Do	
o. USUAL OCCUPATION	MANY AA	one 10b. KIND OF BUSINESS OR IN	IDUSTRY 11. BIRTHPLACE (Sec	ote or foreign country)		N OF WHAT COUNTRY
Farmer		Farmer	Dorches	ter Co. Mary	hand	II.S.A.
. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	Janu	U o U o die o
William C	Laudius Barr	rack	Mary Tar	dia Thomas		
		ES? 16. SOCIAL SECURITY NO. 12	7. INFORMANT		Address	
No	No	None	Mrs Milbourn	Barmack C	ornersvill	a Manuelland
gove rise to i cove (o), stoting lying couse lost. PART II. OTI 200. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFE)	the <u>under-</u> DUE TO (c)_	ITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	RMINAL DISEASE CONDITIC	ON GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIBE HOW INJURY OCCU	RRED. (Enter noture of injury i	in Port I or Part II of item 1	18.)	
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Year 19	20d. INJURY OCCURRED 20e. While Not while of work 0	PLACE OF INJURY (Home, fa factory, street, office bldg., e	arm, 20f. (City ar town) etc.)	(Cov	nty) (Stote)
alive on 2-2	1-60. Chr & C	deceased from 2-20-66 19 ond that dec XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	m.b. 200 Maryl	PM, fram the cou ADDRESS (Street, city or	uses and on the	t saw the deceosed dote stated above DATE SIGNEE -22-60
PHYSICIAN'S AI	market me motif					
PHYSICIAN'S AI, NAME (Type) O. BURIAL, CREMATIC REMOVAL (Specify)	N, 226. DATE THEREOF			22d. LOCATION (City,	town, or county)	(Stote)
	2/24/60	22c. NAME OF CEMETER'S Greenlawn C	emetery	Cambridge		d

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CERTIFICATE OF DEATH

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Reg. Dist. No.

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be retained by the haspital of ending physician.	NERAL DIRECTOR: After this entiticate has been signed by the ottending physician	3 should be detached for use as the burial-transit permit. Then please remave carb	cremation,
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	PLACE OF DEATH					2.	USUAL RESID	ENCE (Whe	ere decease	d lived. If institut	ioni Reside	nce befo	re admissi	on)
	Dor	chester			MARYLAND			aryla	nd	b. COUNTY	Doro	hes	ter	
1	b. CITY OR TOWN (II RURAL and give ne	f outside corporate limi corest town)	ts, write	c. LENGTH (OF STAY IN 16		c. CITY OR T	OWN (If ou	itside corpo	rote limits, write f	URAL ond	give nec	prest town)
	Cambri	.dge		Li	fe	X	RI	FD #1	-Box	#54-Ca	mbri	dge		
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospitol, g	jiva streat	oddress)		1	d. STREET AL	DDRESS					ON A	FARM?
3.	NAME OF DECEASED	Fir	si		Middle		Lost		4. DATE	Moi	oth	Do	y Y	eor
	(Type or print)	Willi	am				Campe	er	OF DEATH	2		17	1	9 60
S.	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER	R MARRIED	B. D.	ATE OF BIRTH			9. AGE (In years lost birthday)			IF UNDE	-
	Male	Negro	WIDOW	ED 🔲 O	DIVORCED [11-2-2	23		36 yrs.	Months	Days	Hours	Min.
100	. USUAL OCCUPATIO	ON (Give kind of work- ing life, even if retired	done 10b.	KIND OF BUS	INESS OR IND	USTRY	11. BIRTHPL	CE (Stole o	or foreign c	ountry)	12. CI	TIZEN C	F WHAT	COUNTRY
	Labore		'	none	Э		Dor-	-Co-M	Id			USA		
13.	FATHER'S NAME					14	. MOTHER'S							
	unknow	m					1	nkno	wn					
	WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECU	RITY NO. 17.	INFOI	RMANT			Add	ress			
{Ye	no or unknown)	(If yes, give war or dates of s		unknov	am l	Her	eman F	rishe	r-Pi	ne St-C	ambr	ide	e . Md	
	18. CAUSE OF DEA	TH [Enter only one co				2102	21277.00						RVAL BET	pin in the second
		TH WAS CAUSED BY:	- 0		ry hea	nt	diges	98				ONS	Eyrs	DEATH
	1421	IMMEDIATE CAUSE (o	/	OI OIIci	, 110 et	10	0.1002	100					- 3 - 2	
	Conditions, if or	1/												
	gove rise to in	mmediate											1000	
	lying couse lost.	the under DUE TO												
z		IER SIGNIFICANT CON	/	CONTRIBUTING	TO DEATH BI	IT NOT	DELATED TO	THE TERMIN	IAL DICEAS	E COMPITION OF	455 L 15 L DA	DT 1/- 1 1	0 14/45 4	LIZORCY
CATION			-					INE LEKWIN	ANT DISENS	E CONDITION GI	VEN IN PA	KI 1(0) I	PERFOR	RMED?
ii.		rtension						·- · · · · · · · · · · · · · · · · · ·					YES [NO []
CERTI	200. ACCIDENT WA	CAUSE OF DEATH MEDICAL EXAMINER)	200. DES	CKIBE HOW IN	AJUKT OCCURN	ED. (EI	nter noture of	injury in P	ort I or Por	t II of item 18.)				
			1		!no -									
MEDICAL	20c. TIME OF INJURY		or 20d. I While	NJURY OCCUR Not while		octory,	OF INJURY (H , street, office	lome, torm, bldg., etc.)	20f. (Cit)	or town)		(County)		(Stote)
ME	p. m.	19	of wor	rk Ol work										
	21. I certify th	at I attended the	deceas	ed fram	Decemb	er	. 1954	, to Feb	ruar	y 1719 6	Othat I	fast so	w the	deceased
	alive an Fet		196							n the causes				
	(1/1/2	P	1						treet, city or town.				TE SIGNED
	ACTUAL SIGNATURE	MAN	as			_M.D.	227	Pine	St-	Cambrid	ge . N	Id.	2-	-19-6
ì	PHYSICIAN'S NAME (Type) J.	Edwin F	asse	tt.M.	D.									
220	BURIAL, CREMATIO	N. 226. DATE THEREC			OF CEMETERY	OR CR	EMATORY		22d. LOCA	TION (City, town,	or county)		(State)
	Burial	2/21/6	0	Cro	ssroad	Ce	emeter			orchest				
23.	FUNERAL DIRECTOR	1		ADDRES	S	1		240. REC'D	BY REGIST		STRAR'S SI			
	Leon A	- Henry	fam	bridge	· h	1		DATEMAT		0 Cn	Chan S.	trace	A	
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VS A15 (4) 15M 10/57 P.S

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1934 CERTIFICATE OF DEATH

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1. PLACE OF DEATH o. COUNTY			MARYLA		USUAL RESIDENCE		ed lived. If institut	/		sion)
	rchester					yland		Caro.		
RURAL and give n	(If outside corporate limi nearest town) Oridge	ls, wrile	c. LENGTH OF STAY IN	16	c. CITY OR TOWN	(If outside corp eralsbu		RURAL ond gi	0.5 X	- 2
d. NAME OF HOSPI	TAL (If not in hospital, g	ive street			d. STREET ADDRES		*6		e. IS RES	IDENCE
OR INSTITUTION	Glasgow Nur	ed no	Home		Dom	k Lane			ON A	FARM?
3. NAME OF				N						
DECEASED (Type or print)	Fir	1	Middle Bradle	y	Chr i stoph	4. DATE OF DEATH	Fe:	oth bruary	18	Yeor 19 60
5. SEX	6. COLOR OR RACE	7. MARE	IED NEVER MARRIED	B. D.	TE OF BIRTH		9. AGE (In years		YEAR IF UND	ER 24 HRS.
Female	White	WIDOWI	DIVORCED	J D	ecember 1	2,1881	lost birthday)		Days Hours	Min.
during most of wor Housewood	rking life, even if refired	done 10b.	KIND OF BUSINESS OR Home	INDUSTRY			country) Maryland		S.A.	COUNTRY
13. FATHER'S NAME				14	. MOTHER'S MAIDE	EN NAME				
Robert	Bradley			7	Mary Ca	therine	Noble			
	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFOR	MANT		Add	dress		
(Yes, no, or unknown)	(If yes, give war or dates of so	ervice)	None	Rec	ords of G	lasgow	Nursing	Home,	Cambrid	ge,Md
Conditions, if a gove rise to couse (o), stating lying cause last.	the under-		Coron	zry	Hear		26926		54	l's
IZ IZ		DITIONS C	CONTRIBUTING TO DEATH	ROL NOI	KELATED TO THE TE	ERMINAL DISEA	SE CONDITION GI	VEN IN PART	PERFC	RMED?
	AS UNDERLYING GCAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED. (Er	ter nature of injury	in Port I or Po	rt II of item 18.)			
20c. TIME OF INJUI Hour a. m. p. m.	RY Month, Day, Yeo	While of wor	_ Not while	e. PLACE (foctory,	OF INJURY IHome, street, office bldg.,	farm, 20f. (Cit	y or town)	(Cc	ounty)	(Stote)
21. I certify the alive on	aureus	196	ayana	eath occurrence M.D.	1960 to urred at 7:2 13		f, 196 m the causes of treet, city or town, BCC ST	and on the		deceased abave
220. BURIAL, CREMATIC REMOVAL (Specify BUTIAL	Feb. 22,	1960	22c. NAME OF CEMETE Hill Crest	-		Fed.	tion (city, fown, eralsburg	or county)	land (Stor	e)
23. FUNERAL DIRECTOR J.J.Frampto	es signature om and Son,	Fede	ralsburg, Me	ryla	nd 24a. F	FEB 2 3	'60	ISTRAR'S SIGN		

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Reg. Dist. No.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with 24 haurs after death. Page 4	may be retained by the haspital a ending physician.	TO FUNERAL DIRECTOR: After this Milicate has been signed by the attending physician and campletely filled in by the funeral director.	page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with	the registrar prior to burial, cremation, or remaval, and in any event within 72 hours-after death.	
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VS A15 (4) 15M 9/5S

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. PLACE OF DEATH				0.51	AL RESIDENCE (Where deceased	lived. If instituti	on: Residence	before ad	mission)
	Dorchester	Co.	MARYLAN	ID	Marvl	and	b. COUNTY	Dorche	otor	Co
	V (If outside corporate		c. LENGTH OF STAY IN	lb c. C			ote limits, write R	URAL and give	e nearest	lown)
	lambridge	Ma	Life	1/3	Cambra	ides Wa	L e e l'eur			
d. NAME OF HOS	SPITAL (If not in hospite	of, give street		/ d. S	TREET ADDRESS	idge, Ma	try rand.		e. IS	RESIDENCE
OR INSTITUTIO									0	N A FARM?
	611 St.			1204,					1.00	LI NO
3. NAME OF DECEASED (Type or print)		First Wilbur	Middle R	Dash	teol Fai	4. DATE OF DEATH	Mon	th	Day	19 60
5. SEX	6. COLOR OR RA		IED NEVER MARRIED				9. AGE (In years	IF UNDER 1	YEAR IF U	NDER 24 HRS.
Male		WIDOWE			0881/01		lost birthday)	Months D	ays Ho	urs Min.
	TION (Give kind of w		KIND OF BUSINESS OR IN	UDUSTRY 11		ote or foreign co		12 CITIZ	EN OF W	HAT COUNTRY
during most of w	vorking life, even if ret	ired)					,		211 01 111	INI COOMIN
Real Esta	te Broker	Re	al Estate Br		Mary			U,	S.A.	
3. FATHER'S NAME				14. MC	OTHER'S MAIDE	N NAME				
Will	Liam F. Das	thiell			Marry El	lizabeth	North			
5. WAS DECEASEDE	EVER IN U. S. ARMED	FORCES? 16.	SOCIAL SECURITY NO. 1	7. INFORMA	NT	Lizabeni	Add	1015		
(Yes, no. or unknown)	Iff yes, give wor or date									
No	No		nknown he for (o), (b), and (c).	Mrs.	Wilbur	Dashie	1, M11	St.	Cambi	ridge.
350	DEATH WAS CAUSED I		PARK	11/5	ON.	DIS	EASI		15	YEAR
Conditions, if	f ony, which)	(b)								
gove rise to		TO			шене					
lying cause la	ng the under-									
		(c)	CONTRIBUTING TO DEATH	PLIT NOT PEL	ATED TO THE TEL	PANINAL DICEACE	COMPITION OR	CALINI DART I	(-) 10 14/	AC ALITOPEY
	OTHER SIGNIFICATOR	.CHOITIGHO.	ONIKIBUTING TO DEATH	BOT NOT REC	KIED IO IHE IEI	KMINAL DISEASE	CONDITION GIV	EN IN PARI	PE	REPORMEDS
OR CONTRIBUTION	WAS UNDERLYING DIEMONG CAUSE OF DEM	TH	CRIBE HOW INJURY OCCU	IRRED. (Enter i	noture of injury	in Port 1 or Part	Il of item 18.)			
20c. TIME OF INJ	JURY Month, Doy,	Year 20d It	JURY OCCURRED 20e	PLACE OF I	NJURY (Home, fr	orm, 20f. (City	or town)	100	unty)	(Stote)
20c. TIME OF INJ	m.	While	Not while	factory, street	et, office bldg.,	etc.)		100	J1117)	(31016)
p. n	n.	19 of work	t of work				-			
21. I certify	that I attended	the decease	ed from 19 M	AR.	949 10/	I FE	B., 19.6	Chat I la	st saw t	he decease
alive on 7	DUAN	1 19	ond that de				the causes o			
anne organi		£	11/			ADDRESS (St	eet, city or town,	stote)	uule si	DATE SIGNS
ACTUAL	MIT	-6	Huse by	ts.	105	CHUZ	0	-	2 /	17/1
SIGNATURE	- Janes	6,	June 19	M.O	103	CAUK	,0101			1/10
PHYSICIAN'S NAME (Type)	VALTE	RE	=, GUM	BYJI	e Ca	mb.	udge	24	ary	lane
20. BURIAL, CREMA		REOF	22c. NAME OF CEMETER	Y OR CREMA	TORY	22d. LOCAT	ION (City Jown,	or county)	1	State)
REMOVAL (Speci	2/78/	60.	Dorchester	Mem. 1	Park.	Cambre	idge. Ms	mel and		
3. FUNERAL DIRECTO		224	ADDRESS	TIGHT		EC'D BY REGISTI		TY Land		
		Carret		Ma						
Le Compt	e runeral	DELATC	e. Cambridge	· FICE	DATE	FEB 2 3 '6	J Car	Thurs & &	Tancas	

VS A15 (4) 15M 9/5B M

1	9	36	3	CERTIFICATE	OF	DEAT	ŀ
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2,00				keg. Dist. No.
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Wh	ere deceased lived. If institution b. COUNTY	n: Residence befare admission)
Dorchester	MARYLAND	Marylan		Dorchester
 CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) 	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If a	utside carporate limits, write RU	RAL and give nearest town)
Cambridge	30 years	/3 Cambrid	70	
d. NAME OF HOSPITAL (If not in haspital, give street		d. STREET ADDRESS	5	e. IS RESIDENCE
or institution <u>Cambridge-Maryla</u>	nd Hognital	208 Aur	ama CA	ON A FARM? YES NO
3. NAME OF First	Middle	Last	4. DATE Month	Day Year
DECEASED			OF	
det of ade	Rachael	Dobby	ren.13.	19 19 19 IF UNDER 1 YEAR IF UNDER 24 HRS
5. SEX 6. COLOR OR RACE 7. MARI		B. DATE OF BIRTH		Months Days Hours Min.
Female White WIDOW	ED DIVORCED	Nov. 7.1880	79 yrs.	
 USUAL OCCUPATION (Give kind of work done during mast of working life, even if retired) 	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	ar foreign country)	12. CITIZEN OF WHAT COUNTRY
Homemaker		Hurlock Md	ID ID	II C
3. FATHER'S NAME	G = 01 (= 151	14. MOTHER'S MAIDEN N	AME	Usos
17.33 m-1			The state of the last	
Edward Tubman IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	Rachael I	nsley Addre	see
(Yes, no, or unknown) (If yes, give war or dates of service)	SOCIAL SECONITI NO.	THE ORDER TO	Addition	
No No	Le	on F. Dolby, 20	8 Aurora St. Co	mbridge Md.
18. CAUSE OF DEATH [Enter only one cause per li	ne for (a), (b), and (c)			ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	michos	necueria		ONSE! AND DEATH
420.0 DUE TO	*	11 1	2	- 0
Conditions if any which \	menered to	teach Cin	while to	1:
gave rise to immediate		t	. 0	- ac
cause (a), stating the under.	anterweel	witho hea	of disease	
lying cause last. (c)	our cor you			Tie wie durone
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
<u> </u>				YES NO
PART II. OTHER SIGNIFICANT CONDITIONS 20a. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	'art I ar Part II af item 18.)	
20c. TIME OF INJURY Manth, Day, Year 20d. I Haur a. m. 19 While at wor		ACE OF INJURY (Hame, farm		(Caunty) (State
Haur a.m. 19 While	TAUL MILLS	ctary, street, affice bldg., etc.)	
	70 /	<i>r</i> 2 0	7.2 60	
21. I certify that I attended the deceas		, 19 51 , ta 2-		hat I last saw the deceased
alive on 2-12- 7, 19	60 , and that death	accurred a 3;00 A	M, fram the causes and	d an the date stated above
1 (0/1/1 00/2	. 12.1		ADDRESS (Street, city or town, s	tale) DATE SIGNED
SIGNATURE COURT OF OUR	wee	us 200 Maryl	and Avenue	2-13-60
PHYSICIAN'S Albert E. Bunker,	M. D.	Cambridge	, Maryland	
22a. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	OR CREMATORY	22d. LOCATION (City, town, as	r caunty) (State)
BREMOVAL (Specify) Feb. 15.1960				
23. FUNERAL DIRECTOR'S SIGNATURE	Dorchester M	lemorial Park	D BY REGISTRAR 246. REGIS	O CICNIATURE
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESSCambrid	ge, Md. 240. REC		
Jewien 17 - Mos	ally		ER 18'60 Q	rthur S. Kraus

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH buriol, cremation 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH o. COUNTY Dorchester o. STATE Maryland b. COUNTY Dorchester MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL director. Page c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) and give negrest town) Hoopersville Hoopersville vrs. 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS None NAME OF First Middle 4. DATE Lost DECEASED OF DEATH Doyle February Thomas (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. D'ATE OF BIRTH 9. AGE (In years the Male White WIDOWED | DIVORCED [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. 8/RTHPLACE (State or foreign country) pup Seafood Maryland be Truck driver 13. FATHER'S NAME may 14. MOTHER'S MAIDEN NAME Pages IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address Thomas Doyle, Hoopersville. Mrs. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY Cerebral Vascular Accident IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse DUE TO (a), stoting the underlying couse last. PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY SO 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) shauld 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) writing the white Medical OR: Page 3 st TO DEPUTY MEDICAL EXAMINER factory, street, office bldg., etc.) Not while of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection . cute the certificate, writin forwarded to the Chief N O FUNERAL DIRECTOR: Po Accident , Suicide , Homicide , Undetermined couse . deoth resulted from: Natural couses M. ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) John DEPUTY MEDICAL EXAMINER Msce Jr. 220. BURIAL, CREMATION, REMOVAL (Specify) 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 11 alea 22d LOCATION (City, town, or county) 0 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) Linguis Strang. 60 DATE MAR 3

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Rea. Dist. No.

Day

IF UNDER TYEAR

(County)

Inquiry .

Months

e. IS RESIDENCE

YES | NO |

Year

IF UNDER 24 HRS.

Min.

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Hours

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSEL AND DEATH

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DATE SIGNED

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INTERVAL BETWEEN ONSET AND DEATH

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15M 9/55

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VS A1S (4) 15M 9/58

RYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
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CERTIFICATE OF DEATH

	CERTIFICA	AL OI BEATTI	Reg. Dist. No.
Dorchester	MARYLAND	2. USUAL RESIDENCE (Where deceased a STATE Maryland	d lived. If institution: Residence before odmission) b. COUNTY Dorchester
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16		prote limits, write RURAL and give nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	20 years	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM
Cambridge Maryla	nd Hospital	8 William St	VES TI NO I
NAME OF First DECEASED (Type or print)	Middle	Last 4. DATE OF DEATH	Month Day Year
Richard	Spencer EDD NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 H
WIDOWS	DIVORCED C	January 18.188/	lost birthdoy) Months Days Hours Mir
Male White Oa. USUAL OCCUPATION (Give kind of work done during most af working life, even if retired)	KIND OF BUSINESS OR INDUS		
Tire & Rubber Salesman, Ret	ired	Chestertown, Md.	,R.D. U.S.
Spencer Harris		Mary Constable	Jones
	SOCIAL SECURITY NO. 18	NFORMANT	Address
	-5-09-4626 MI	rs.R.Spencer Harris	8, 8 William St., Cambridge
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gave rise to immediate couse (a), stating the <u>under-</u> lying couse lost. COUNTY OF THE PROPERTY O	Corona	ry Heart D	iscase 34r
	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEAS	SE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOI PERFORMED YES NO
OR CONTRIBUTING CAUSE OF DEATH	RIBE HOW INJURY OCCURRED	D. (Enter noture of injury in Port 1 or Por	t II of item 1B.)
20c. TIME OF INJURY Month, Day, Year 20d. IN Hour o. m. 19 While at work	Nat while foo	ACE OF INJURY (Home, farm, 20f. (City street, office bldg., etc.)	y or town) (County) (St
21. I certify that I attended the decease alive an		accurred at 12 a 10 AA from	£, 19_0,that I last saw the decea the causes and an the date stated abo
P .	, and mar deam		treet, city or town, stote) DATE SIG
SIGNATURE COLLEGE N	anyuniv,	M.D. 136 Ra	100 St/18/6
PHYSICIAN'S Lawrence	Maryanov	Camb	ridge md
20. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF	22c. NAME OF CEMETERY OF		TION (City, town, or county) (Stote)
Eurial Feb. 20, 1960	Old St. Paul's		tertown ,Md. R.D.
TOTAL DIRECTOR STOTATORE	ADDRESS	24a. RECEBBY REGIST	TRAR 246. REGISTRAR'S SIGNATURE

HVASC SOCIADRITISO THE STATE OF THE A STREET STATE OF THE STATE ter temperature and the State of the State of LINE TO A TOTAL OF THE PARTY.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1950 CERTIFICATE OF DEATH

01933

						Reg. Dis	f. No.	
1. PLACE OF DEATH a. COUNTY	MARYLAND	II G. SIAIL			d lived. If instituti			
Dorchester			yland			DOLO	hest	
 CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) 	c. LENGTH OF STAY IN 16	1			rate limits, write R	URAL and g	ive nearest to	awn)
RFD #1-Cambridge	60 yrs		ridge	-RFD	#1			
 d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION 	address)	d. STREET					e. IS	RESIDENCE
		RFD	#1					□ NO 🔯
3. NAME OF First DECEASED	Middle	La	st	4. DATE OF	Mar	th	Day	Year
(Type or print) Josephine	Camper	Has	kins	DEATH	2		1	19 60
5. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRT	TH .		9. AGE (In years last birthday)			NDER 24 HES.
female Negro WIDOW	200	July 1			04 yrs.	Manths	Days Hau	rs Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired)	KIND OF BUSINESS OR IND	USTRY 11. BIRTHP	LACE (State	ar fareign c	ountry)	12. CITI	ZEN OF WH	AT COUNTRY
Housewife	None	Dor	-Co-N	ld.		J	JSA	
13. FATHER'S NAME		14. MOTHER'S	MAIDEN N	IAME				
unknown		Sar	ah Ja	ne C	ephas			
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT			Add	ess		
	20-10-61418	Herman	Fish	er-P	ine St-	Cambr	idge	. Md.
1B. CAUSE OF DEATH [Enter only one cause per li		200211200	- 4 0 4	-02 -				BETWEEN
DANT L OPATH SHAR CALLERO DV	teriosclero	tic has	r+ di	9999	9		ONSET AT	ND DEATH
1422. DUE TO	COT TOPCTOTO	010 110a	I U az	. DO ab	0			
Conditions if you which \	rdiac Decom	nonanti	on				6 y	ng
gave rise to immediate	ratac Decom	perisaul.	011				103.	
tuing cours last								
(0)	CONTRIBUTING TO DEATH BU	T NOT RELATED TO	THETERMIN	NAI DISEAS	CONDITION GIV	ENI INI PADT	1(a) 10 W/	S ALITOPSY
CAT				THE DISERS	CONDITION ON	FIA IIA LOKI	PER	FORMED?
	CRIBE HOW INJURY OCCURR	ED. (Enter nature o	of injury in P	art i ar Pari	11 of item 18.)			
	NJURY OCCURRED 20e. P	LACE OF INJURY	Home, form,	20f. (City	or tawn)	(Co	ounty)	(State)
Haur a.m. 19 While at war		actary, street, affic	e bidg., etc.)				
21. I certify that I attended the deceas	od from January	1954	A- Fe	hrite	ry 1, 1960	AL - A. D. I.		
olive on February 1. 196			6 A	MA G	1, 1900	_,rnar i ic	ast saw tr	e decease
dive on a season and	and mar dear	n occurred at			reet, city ar tawn,		e date st	DATE SIGNE
ACTUAL SELVILLE	le el	227			Cambbid		3 2	-11-60
SIGNATURE		M.D	1 1110	3 26	Oamberd	Ro . I'K	۷. د	-4-00
PHYSICIAN'S J. Edwin Fass	ett,M.D.							
22a. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY			22d. LOCAT	ION (City, tawn, o	r county)	,,(S	tate)
Burial 2/4/60	Rock Cem	etery		Cam	bridge	RFD 7	#1, M	d.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		24a. REGI	THY REGIST	00	TRAR'S SIG		
Leon Henry Funr. Home, 22	2 Cedar St.		DATE	16	60	rthun &	there	

Cambridge, Md.

TO FUNERAL DIRECTOR: After this carrificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please-remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremotion, or removal, and in any event within 72 hours after death. VS A1S (4) 1SM 9/SS

TO HOSPITAL OR ATTENDING PHY

24 hours ofter death. Page 4

SIAN: The low requires that the death certificate be executed with

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tem 18 Film 25MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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1. PLACE OF DEATH	orchester		MARYLAND	2. USUAL RESIDENCE (Where deceas			ce before od hester	
and aive nearest t	(If outside corporate timits, write own) ock — Rural	e RURAL	c. LENGTH OF STAY IN 16 Life	c. CITY OR TOWN (I		porote limits, write Rural	RURAL ond	give nearest	lown)
	PITAL OR INSTITUTION (n Creek Road		pital, give street address)	d. STREET ADDRESS				O	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	fir Jam	•	Middle Franklin	Hughes	4. DATE OF DEATH	h'ebrua		Day 9	Year 19 60
Male	Negro	WIDOWE		May 20, 1917		9. AGE (In years last birthday) 42 yrs.	Months D	YEAR IF UN	Min.
during most of wor	ATION (Give kind of work rking life, even if retired) ADOPER	done 10b. K	Farm	Porcheste	or foreign o	ountry) Maryland		S.A.	T COUNTR
	R. Hughes			14. MOTHER'S MAIDEN Florence		hes			
1S. WAS DECEASED (Yes, no. or unknown) Yes	EVER IN U. S. ARMED FO	service)		argaret E. F	letche	r, Hurloc	ek, Ma	ryland	
	/ /		for (o), (b), ond (c).] angulation					INTERVAL BETT ONSET AND E Inst	DEATH
Conditions, if gove rise to improve (a), stoting the cause lost.	mediate couse DUE TO	**	iration gast	cric conte	nts			Inst	ant
) (c) DTHER SIGNIFICANT CON		TITING TO DEATH BUT N	OT RELATED TO THE TERM	IINALDISEASI	E CONDITION GIVI	EN IN PART		FORMED?
20g. EXTERNAL C PRIMARY OF CAUSE OF DEAT	ONTRIBUTING	b. DESCRIBE	E HOW INJURY OCCURRED. (E	nter noture of injury in Pol	rt I or Port II	of item 18.)			
20c. TIME OF IN	m.	While		CE OF INJURY (Home, forrory, street, office bldg., etc	n, 20f. (City	or town)	(Coun	ity}	(State)
			emains described abo	•		nspectian, ndetermined co		, and	l find the
ACTUAL SIGNATURE EXAMINER'S NAME (Type)	Dr. John		Jr.	_M.D. CHIEF MEDICAL E. ASSISTANT MEDICAL DEPUTY MEDICAL	AL EXAMINE	0/70	/60	DATE	SIGNED
	Feb. 13,	1960	22c. NAME OF CEMETERY OR Petersburg Ce		near	Turlock,		Land (St	ote)
23. FUNERAL DIRECTO	OR'S SIGNATURE		ralsburg, Mary	land	D BY REGIST		TRAK'S SIGN	4 -	

VS. A15ME(S) 5M 9/55

or removal.

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r this co.	far use a	crematia
DIRECTOR: Afte	fetached	o burial,
DIRECT	old be d	prior f

24 hours after death. Page 4

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	may be retained by the haspital a lending physician. TO FUNERAL DIRECTOR: After this Entitione has been signed by the attending physician and campletely	page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. P	-
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O HOSPITAL OX	may be retained b	TO FUNERAL DIREC	page 3 shauld be	
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			103	CERTIFIC	All	OF DEAL	Н		Reg. D	ist. No.		
	PLACE OF DEATH o. COUNTY Dor	chester	200	MARYLAND	2.	usual RESIDENCE (1 oSTATE Maryland		ed lived. If instituti b. COUNTY	-	77	e odmis	
	b. CITY OR TOWN (IF	outside corporate limits,	write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (I	f outside corp	orote limits, write R	URAL end	give nec	rest fow	n)
	Cambri			Life	1	3 Cami	oridge	9				
	d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, giv	e street	oddress)	1	d. STREET ADDRESS	Cedar	Street			o. IS RES	SIDENCE FARM? NO T
3.	NAME OF DECEASED	First		Middle		Lost	4. DATE	Mor	nth	Do	У	Yeor
	(Type or print)	John		Thomas		Jolley	OF DEATH	f	2	2	7	19 60
5. S	ale		VIDOWE	ELED NEVER MARRIED DIVORCED DIVORCED	8. D.	Proximal 75	years	9. AGE (In years lost birthdoy) WINK yrs.	Months Months	Days	Hours	ER 24 HRS. Min.
10a	. USUAL OCCUPATION	N (Give kind of work doing life, even if retired)	ne 10b.	KIND OF BUSINESS OR INDU	STRY	11. BIRTHPLACE (STO	te or foreign	country)	12. CI	TIZEN O	F WHAT	COUNTRY
	7 /2	loyed		hauling		Dor-	Co-Md			USA		
13.	FATHER'S NAME				14	. MOTHER'S MAIDEN	NAME					
	Evan L	aws				Lizzie	Jol3	ley				
[Ye		IN U. S. ARMED FORCI yes, give wor or dates of serv		social security No. 17.	INFO	MANT		Add	re11			
	18. CAUSE OF DEAT	H [Enter only one cour	e per lin	ne for (a), (b), and (c).]						INTE	RVAL BE	TWEEN
	PART I. DEAT	H WAS CAUSED BY:		Coronary He	art	Disease)			UNS	EI AND	DEATH
	420.	/ DUE TO										
	Conditions, if an											
	gove rise to im couse (o), stoting th											
	lying couse lost.) (c)										
CERTIFICATION	PART II. OTHE	R SIGNIFICANT CONDI	TIONS	CONTRIBUTING TO DEATH BU	TON	RELATED TO THE TER	MINAL DISEA	SE CONDITION GIV	VEN IN PAI	RT 1(0) 1	PERFC	AUTOPSY ORMED?
	200. ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY N	CAUSE OF DEATH	Ob. DES	CRIBE HOW INJURY OCCURR	ED. (Er	iter noture of injury i	n Port I or Po	rt II of item 18.)			4.10	
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Year 19	20d. It While of work	_ Not while fo		OF INJURY (Home, fa street, office bldg., a		y or town)		County)		(State)
	21. I certify tha	it I attended the a	leceas	ed from Sente	mbe	1959, ta]	e b	27, 1960	that I	last so	w the	deceased
	alive on Feb	ruary 27	. 126	O, and that deat	h occ	curred at			and an i		te state	
	ACTUAL SIGNATURE	v tass			24	227 Pir			-	i a	2	120 14
	PHYSICIAN'S T				M.D.		id br-	-vampr.ru	ge, r	ici .	En	1-571-9
	NAME (Type)	. Edwin F	888	ett,M.D.								
220	BURIAL, CREMATION REMOVAL (Specify)	3/3/60		22c. NAME OF CEMETERY (OR CR	EMATORY		or-Co-Md			(Stot	(e)
23.	FUNERAL DIRECTOR'S	SIGNATURE /	1	ADDRESS'		24o. RE	C'D BY REGIS	TRAR 246. REGI	STRAR'S SI	GNATU	RE	
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Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH g. COUNTY g. STATE b. COUNTY Dorchester MARYLAND Dorchester b. CITY OR TOWN (If autside corporate limits, write RURAL C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) Cambridge Cambridge d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? High Muir Street YES NO KT NAME OF First Middle 4. DATE Last Month Day Year DECEASED 19 60 James DEATH Feb. (Type or print) Jones Monroe 5. SEX 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. lost birthday) Months Days Hours Min. CT yrs. WIDOWED | DIVORCED Male Negro 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Somerset County. USA Md. Garage Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mc Bride 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give war or dates of service) Cambridge. Jones. INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: ORONARY 15 MIN IMMEDIATE CAUSE (a) DUF TO Canditions, if any, which ta immediate couse DUE TO the underlying cause PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CATION PERFORMED? NO P 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 1B.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) While Not while o. m at wark at work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and find that death resulted from: Notural couses . Acciden . , Suicide . Homicide . Undetermined cause DATE SIGNED M.D. CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S R. MARYANOV AS DEPUTY MEDICAL EXAMINER [LFRED NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (State) REMOVAL (Specify) Walleh Cemeterv Cambridge Maryland ADDRESS ENNERAL DIRECTOR'S SUGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATEMAR 7 Cambridge. Md.

cremation, burial, 0 director. prior registrar Your for the lained with D puo pe may Pages 7 Give -tronsit Buo buriol Ö pending in iner's Office S should cute the certificate, writing the forwarded to the Chief Medical O FUNERAL DIRECTOR: Page 3: DEPUTY MEDICAL EXAMINE VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1941 CERTIFICATE OF DEATH

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		1	277					Reg. Dist.	No.
1. PLACE OF DEATH a. COUNTY		1370			USUAL RESIDENCE (\	Where deceose	d lived. If instituti		before admission
	Dorchester		MARYLAN	4D	Maryla	and	B. COUNTY	Dorche	ster
b. CITY OR TOWN RURAL and give	(If outside corporate limi	its, write	c. LENGTH OF STAY IN	1ь	c. CITY OR TOWN (I	f outside corp	orote limits, write R	URAL ond give	e nearest town)
	lambridge	100	12 years	1	3 Cambri	dao			
	PITAL (If not in hospital, g	give street o		1	d. STREET ADDRESS	TOBB			e. IS RESIDE
C	ambridge-Ma	rylan	d Hospital		309 St	inburst	Highway		YES N
NAME OF DECEASED	Fir	st	Middle		Last	4. DATE	Mon	nth	Day Yea
(Type or print)	Flo	ra	Rosenberg	,	Kidan	DEATH	Feb.12.	1960	19
. SEX	6. COLOR OR RACE	T	ED NEVER MARRIED		ATE OF BIRTH		9. AGE (In years		EAR IF UNDER 2
Female	White	WIDOWE		7 .	tober 15.1	070	lost birthdoy)	Months Do	ys Hours
Do. USUAL OCCUPAT	TION (Give kind of work	done 10b. I	KIND OF BUSINESS OR IN	NDUSTRY	11. BIRTHPLACE (Sto	te or foreign	01	12. CITIZE	N OF WHAT COU
during most of we	orking life, even if retired)							
Homemaker 3. FATHER'S NAME	•	1		1,	Baltimo			U	·S.
, FAIHER S NAME				14	. MOTHER'S MAIDEN	NAME			
	cob Rosenber				Unknown				SEAR SEL
5. WAS DECEASED EN	VER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	INFO	MANT		Add	ress	
No	(11 yes, give war or dates of s	er vice)	are the second		771 7 000				
	FATRE TE	e		Benj	Kidan, 309	Sunbu	ret aren	ay, Cam	
	EATH [Enter only one co	use per lin	e for (o), (b), and (c).]		1				INTERVAL BETWO
PART I. DI	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o	, C	arcinom	9	01 13	ncre	265		2 W/2
157	DUE TO								2000
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Conditions, if			Carons	ry	# 6	dri	171760	921	CYY
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	_ / /c		ONTRIBUTING TO DEATH	PUT NOT	DELATED TO THE TER	MINIAL DICEAL	E CONDITION OF	/ENLINE BART 1/	-1 10 MAS ALIT
PARI II. U	THER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH	BUTNUT	KELATED TO THE TEK	MINAL DISEA	SE CONDITION GIV	PEN IN PART I	PERFORM
5									YES N
20a. ACCIDENT V	VAS UNDERLYING	20b. DESC	RIBE HOW INJURY OCCU	JRRED. (Er	nter noture of injury i	n Port I or Po	rt II of item 18.)		
PART II. O PART II. O 20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF	G CAUSE OF DEATH Y MEDICAL EXAMINER)								
		1001 101	WINY OCCUPATED 100-	BLACE	DE INTERPORTED E	905 15:-			
20c. TIME OF INJU		While	Not white		OF INJURY (Home, fo street, office bldg., e		y or town)	(Cou	nty)
p. m.	10	of work							
		V	- 1/1	-	10/0	2.11	(A		
21. I certify	that Lattended the	decease			, 19 6 9 to				saw the dece
alive an	6/12	, 19 (o, and that de	ath ac	curred at 4:50	- R fram	the causes an	d on the d	late stated a
	0	1					treet, city or town,		DATE S
ACTUAL	L'action	11.0			12	1 1/	0-4	,	7/10
SIGNATURE	aurun	ma	MANNEY	M.D.		0 1	16671		6/13
PHYSICIAN'S NAME (Type)	Lawre	Ne	¿ Maryo	nou	C	amb	nidge	MA	
20. BURIAL, CREMATI		F	22c. NAME OF CEMETER	Y OR CR	EMATORY	22d. LOCA	TION (City, town,	or county)	(Stote)
REMOVAL (Specif	2-14-60							_	
Burial B. FUNERAL DIRECTO		0	Bayside Ce	mete:	4		e Park Qu	STRAR'S SIGN	
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01941

NA:				Keg, Dist. No).
1. PLACE OF DEATH		2. USUAL RESIDENCE (W	there deceased lived. If institut		fore admission)
Dorchester	MARYLAND	o. STATE Mary	land b. COUNTY	Dorch	ester
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)	H OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write	RURAL and give n	nearest town)
Rural Cambridge	Life	X Cambrid	ge		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give st	treet address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
R.F.D. #2		R.F.D.	# 2		YES NO
3. NAME OF DECEASED (Type or print) George Washing	middle gton	Le e	4. DATE Month OF DEATH Februs	ary 10	Year 19 60
5. SEX Male 6. COLOR OR RACE 7. MARRIED IN NEVI	_	July, 28,1	.905 9. AGE (In years last birtheloy) 54 yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber Barber		Marylan		12. CITIZEN O	F WHAT COUNTRY?
13. FATHER'S NAME	1	A. MOTHER'S MAIDEN N			
George Washington Lee Sr.		Martina	Johns		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dotes of service) Yes W II 217-10		ormant elma M. Le	Address e Rt. 2. Car	nbridge	, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Hemorrhs				Propte	rval Between et and Death nstant
Conditions, if any, which gove rise to immediate cause	wound he	eart			
(a), stating the underlying DUE TO					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 200. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING D CAUSE OF DEATH. 20b. DESCRIBE HOW INJU. Was beater					PERFORMED?
			h by stepsor	ns.	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCC Hour To-m. 2/10/60 While Not of work of work of work		OF INJURY (Home, form, street, office bldg., etc.)	, 20f. (City or town) Hural Cambri	(County)	or. Md.
21. I certify that I took charge of the remains of	described above				
deoth resulted from: Natural causes, Accid	dent [], Suici	de [], Homicide	, Undetermined co	ouse .	
ACTUAL SIGNATURE SIGNATURE	- cel	M.D. CHIEF MEDICAL EX	No. of Contract of Street, Str		DATE SIGNED
EXAMINER'S Dr. John Mace Jr.		DEPUTY MEDICAL E		2/15/60	
PEMOVAL (Specify)	of CEMETERY OR CI		22d. LOCATION (City, town, o		(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRI			8Y REGISTRAR 24b. REGIS	TRAR'S SIGNATU	RE
Herbert St Clair Cambrid	ge, Md.	DATE FE	B 18'60 an	thur S. How	uA

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND-STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1 tems 1,2 FilmG257 2-25-60 et CERTIFICATE OF DEATH

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	1200				Keg. Dist. 140.	
)	1. PLACE OF DEATH a. COUNTY Dorchester	MARYLAND	2. USUAL RESIDENCE (Whe	b. COUNTY		
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) rural Cambridge	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	utside carporate limits, write R	URAL and give near	fest town)
	d. NAME OF HOSPITAL (If not in hospital, give street of or institution Rastern Shore State Hospit	address)	d. STREET ADDRESS	K		IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) S W UEL	Middle Wa		4. DATE Mont	th Day	Year 1950
	O = IVIOEN	IED NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday) yrs.	IF UNDER 1 YEAR Manths Days	
1	10a. USUAL OCCUPATION (Give kind af wark dane 10b. during most of warking life, even if retired) We have war war war.	ATERMAN	STRY 11. BIRTHPLACE (State of	ir foreign country)	12. CITIZEN OF	WHAT COUNTRY?
1	13. FATHER'S NAME Somitted H May	thew:	14. MOTHER'S MAIDEN WA	AME.		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or ynknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO.	Hospital reco	ords Cam	bridg	e Wd
	18. CAUSE OF DEATH [Enter only one cause per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ne far (a), (b), and (c).]	Preum	onie		RVAL BETWEEN
/	Conditions, if any, which gave rise to immediate (b)					
	cause (a), stating the <u>under-</u> DUE TO					
)	PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				EN IN PART I(G)	PERFORMED?
		TRIBE HOW INJURY OCCURRE	D. (Enter nature af injury in Po	art I ar Part II af item 18.)		
	20c. TIME OF INJURY Month, Day, Year Haur a.m. 19 White at work	Nat while fa	ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.)		(County)	(State)
	21. I certify that I attended the decease alive an 2-12-1, 196	ed fram $\frac{5-1-5}{2}$, and that death	19 to 2	M, fram the causes and	that I last saw	the deceased
	ACTUAL SIGNATURE Therman. J.	7		ADDRESS (Street, city or town,	state)	DATE SIGNED
	PHYSICIAN'S Thomas J. Dred	ge				
	220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 2 / 15 / 60	22c. NAME OF CEMETERY CO Dorchester Me	Merial Park	Cambridge	or county)	(State)
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D	1 2 -00	STRAR'S SIGNATUR	

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TO HOSPITAL OR ATTENDING PH SIAN: The law requires that the deoth certificate b	may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician	page 3 should be detached far use as the burial-transit permit. Then please remave on	the registrar priar ta buriol, crematian, or remaval, ond in any event within 72 hours offer

		MAKII	LAND	STATE DEPART	MENT OF H	IEALTH	I-BAL	TIMORE, 1	8		1	0 1 1
100			1950	CERTIFIC	CATE OF I	DEATH	1	1184	Reg. Di	st. No.	() 1	94;
1. PLACE O	F DEATH				a STATE	DENCE (Wh	ere deceased	lived. If institution	on: Residen	ce befar	e admiss	ian)
	Do	rchester	13 64	MARYLAN	o d. state	Maryla	and	b. COUNTY	Wic	omic	0	V
b. CITY C	OR TOWN (If	autside carporate limi	its, write	c. LENGTH OF STAY IN 1	c. CITY OR	TOWN (If a	utside corpo	rate limits, write R	URAL ond	give nea	rest town)
	Cambri	dge Rural		l yr.		Salis	bury	2	2/2	2-2		
d. NAME	OF HOSPITA	L (If not in hospital, g	give street o	oddress)	d. STREET	ADDRESS					. IS RES	FARM?
	Easte	rn Shore S	State	Hospital		North	Park	Gardens	3.50			NO D
3. NAME O		Fir	st	Middle	La	st	4. DATE OF	Man	th	Day		Year
(Type or		ISA			ROSENBER	G	DEATH	Feb.	8		1	9 60
S. SEX		6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	B. DATE OF BIRT	Н		9. AGE (In years lost birthdoy)	IF UNDER			
male	11.5	white	WIDOWE	D DIVORCED	7/6/18	390		69 yrs.	Months	Days	Hours	Min.
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-	n deal		'		Nev	ark.N	. J.			U.	S.	
. FATHER'S				MULTINESS STORY	14. MOTHER'S							
	Loui	s Rosenber	1967		Jer	nie	?					
	CEASED EVER	IN U. S. ARMED FOR	CES? 16. S	SOCIAL SECURITY NO.	INFORMANT		•	Adde	ress			
(Yes, no, or uni	(III	f yes, give war or dates of s	ervice)	76-26-8116	Marvin Wie	ennick	.923	Division	St. S	Sali	sbur	y,Md.
gave	4X tions, if an	DUE TO y, which) (b		eneralized ar	CEI IUSCIE	10913	W.Z. 011	meer o dr	Deade		0101	l yrs
lying	(o), stating the	mediote (
Chr 20a. AC OR CON (IF EITH	(o), stating the cause lost. PART II. OTHE	mediate DUE TO (c	DITIONS COME	ONTRIBUTING TO DEATH I	erebral a	rteri	osclei	cosis wit			PERFO	RMED?
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Philadelphia, Pa.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

()1946

Reg. Dist. No.

1	1. PLACE OF DEATH o. COUNTY Dorchester MARYLANE	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE Maryland b. COUNTY Dorchester
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge Life	
<	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) 146 B. Washington St.	/d. STREET ADDRESS 146 B Washington St. o. IS RESIDENCE ON A FARM? YES D NO 2
ł	3. NAME OF First Middle (Type or print) Calvin J. Se	Lost 4. DATE Month Day Year OF DEATH Feb. 21 19 60
	0. 00	B. DATE OF BIRTH DEATH H'eb. 24 19 60 B. DATE OF BIRTH 9. AGE (In your) IFUNDER 1YEAR IF UNDER 24 HRS.
1	Male Negro WIDOWED DIVORCED	12/17/ 1911 last birthday) Months Days Hours Min.
)	10g. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer Road building	
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Rufus Cornish	Estella Fletcher
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) 1 (If yes, give wer or dates of service)	INFORMANT Address
	? 217-10-8705	Mahalia Seymour Cambridge, Md.
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last. Could be cause last.	
	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 120b. DESCRIBE HOW INJURY OCCURRED.	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO (Enter nature of injury in Port I or Part II of item 18.)
	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, tory, street, office bldg., etc.) (City or town) (County) (Stote)
Н	21. I certify that I took charge of the remains described ab	ove, held an Autopsy , Inspection , Inquiry , and find that
	death resulted from: Natural couses , Accident , Su ACTUAL SIGNATURE EXAMINER'S NAME (Type) Dr. John Mace Jr.	M.D. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ 2/25/60
	220. BURIAL, CREMATION. 226. DATE THEREOF REMOVAL (Specify) 2/28/60 Bethel Cem	R CREMATORY 22d, LOCATION (City, town, or country) (State)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herbert St. Clair Jr. Cambridge,	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

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	CERTIFICATE OF DEATH		MEDICAL		
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01947

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Q. STATE b. COUNTY MARYLAND Dorchester Co. Dorchester Ca b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lawn) and give negrest town) Cambridge, Maryland Life
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Cambridge, Maryland e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO Cambridge. Maryland. Hospital Street NAME OF Middle 4. DATE Month Day Year DECEASED (Type or print) DEATH Phillin Skinner IF UNDER TYEAR 9. AGE (In years IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Months Days Hours Min WIDOWED | DIVORCED T Male 0 yrs. White 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? chester Co. during most of warking life, even if retired) Insurance Brokerage Insurance Brokerage ** Town Point. IL.S 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Levin Skinner Eugenia Wills 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) Mildred Lee Skinner, Baltimore, Maryland Unknown INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY 30 Mins. Acute Myocardial IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gove rise to immediate couse DUE TO (a), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X 20a. EXTERNAL CAUSE WAS PRIMARY ☐ ar CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enler noture of injury in Port 1 or Part II of item 18.) CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) While Haur Not while a. m. at work at work p. m. 21. I certify that I taak charge of the remains described above, held an Autopsy \(\pi\), Inspection , Inquiry and find that death resulted fram: Natural causes 7. Accident Suicide . Hamicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER FI Jn NAME (Type) John Mace 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Christ Chirchyard Buria Cambridge. Maryland. **ADDRESS** 240. REC'D BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE Le Compte Funeral Service, Cambridge, Maryland MAR 8 '60 arthur & House DATE

VS. A15ME(S) 5M 9/55

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MARYLAND	STATE	DEPARTME	NT OF H	EALTH-	BALTIMORE,	18
MEDIC	AL EX	AMINER'S	CERTIF	ICATE	OF DEATH	
- OVER	em 7	FilmG258	3-7-60	et		R

Reg. Dist. NO 1948

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Cambridge d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital), give street address) Phillips St. Ext. A. STREET ADDRESS Phillips St.	o. COUNTY	orchester	MARYLAND	o. STATE Maryl	ere deceased lived. If institution: Res	chester
A NAME OF HOSTITUTION (If not in hospital, give street oddress) Phillips St. Ext. A. STREET ADDRESS Phillips St. Ext.	and give nearest tow	n)		c. CITY OR TOWN (IF o	utside corporate limits, write RURAL c	Q-14 B O V
Phillips St. Ext. Philli				19	50	
MARKED Ode Sea			ospital, give street address)			e. IS RESIDENCE ON A FARM?
Death Color of Race	Phillip	s St. Ext.		Phillips ?	St. Ext.	YES NO K
Pemale Negro widowed Negro Notacto 3/27/15 Notacto 1/2 Notato 1/2 Nota	DECEASED				OF	
Pemale Negro widowed Negro Notacto 3/27/15 Notacto 1/2 Notato 1/2 Nota	5. SEX	6. COLOR OR RACE 7. MARR	IED NEVER MARRIED B.	DATE OF BIRTH	9. AGE (In years IF UND	ER TYEAR IF UNDER 24 HRS.
20. LILLA COCUPATION. (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNT LA DOP OF L	Female	Negro widowi	ED UNKNORCED	3/27/15	1 1 1 Mightins	Days Hours Min.
14. MOTHER'S NAME	during most of worki	ON (Give kind of wark done 10b. ng life, even if retired)	KIND OF BUSINESS OR INDUSTR			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Team no. of uninform) (If you give wor or down of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Herbert Anderson Phillips Ave. Ext.	13. FATHER'S NAME					
15. WAS DECEASED EVER IN U. S. ARMED PORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT Address Herbert Anderson Phillips Ave. Ext.		Unknown		Unknow	wn	
PART 1. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o) HANDOINT CAUSE (O) Conditions, if ony, which gove rise to immediate couse (o), stoling the underlying (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS PERFORMED? YES NO PRIMARY or CONTRIBUTING 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year While of work of	15. WAS DECEASED EV (Yes, no. or unknown)			FORMANT	Address	Ave. Ext.
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State factory, street, office bldg., etc.) 20f. (City or town) (County) (State factory, street, office bldg., etc.) 20f. (City or town) (County) (State factory, street, office bldg., etc.) 20f. (City or town) (County) (State factory, street, office bldg., etc.) 20f. (City or town) (County) (State factory, street, office bldg., etc.) 20f. (City or town) (County) (State factory, street, office bldg., etc.) 20f. (City or town) (County) (State factory, street, office bldg., etc.) 20f. (City or town) (County) (State factory, street, office bldg., etc.) 20f. (City or town) (County) (State factory) 20f. (City or town) (County) (County) (City factory) 20f. (City or town) (County) (County) (City factory) 20f. (City factory)	gave rise to imme (a), stating the cause last. PART II. OT	DUE TO proy, which by the diate couse underlying DUE TO (c) there significant conditions of the country of th	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINA		PERFORMED?
21. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and find the death resulted from: Notural cause , Accident , Suicide , Homicide , Undetermined cause . ACTUAL SIGNATURE	20c. TIME OF INJU	IRY Month, Day, Year 20d. Whi	INJURY OCCURRED 20e, PLACE facto	E OF INJURY (Home, farm,		County) (State)
SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER Dr. John Mace Jr. DEPUTY MEDICAL EXAMINER 2/23/60 20. BURIAL CREMATION, REMOVAL (Specify) BUT 181 3/2/60 Waugh Cemetery ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	21. I certify t	hot I took charge of the	remains described obov			
20. BURIAL CREMATION, REMOVAL (Specify) 3/2/60 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) 22d. Name Of Cemetery 22d. LOCATION (City, town, or county) (State) 22d. Name Of Cemetery 22d. LOCATION (City, town, or county) (State) 22d. Name Of Cemetery 22d. Rec'd By Registrar 24b. Registrar's SIGNATURE 22d. Rec'd By	SIGNATURE_	Dr. John Mace	Jr.	ASSISTANT MEDICAL	EXAMINER	
REMOVAL (Specify) 3/2/60 Waugh Cemetery Cembridge, Dor, Md 3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REC'D BY REGISTRAR'S SIGNATURE	220. BURIAL, CREMATIC	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY 2		
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	Burial	3/2/60	Waugh Cemet			
		12/ -/ 00				
	Herbert	St. Clair Jr.	Cambridge.	202		

VS. A15ME(5) 5M 9/55

01949

e. IS RESIDENCE ON A FARM?

17

Days

U.S.A.

(County)

Months

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

hrs 56 mins

PERFORMED? YES NO T

(Stote)

Marvland

(Stote)

YES NO A

Year

1960

56

Reg. Dist. No

Herbert St. Clair

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High St. Cambridge DATEEB 2 4'60

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VS A15 (4) 15M 9/58

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ARYLAND	STATE	DEPARTMENT	OF HEALTH-	-BALTIMORE,	18
105	7 -		OF DEATH		

TADI CERTIFICATE OF DEATH 01950

Reg. Dist. No

18. CAUSE OF DEATH [Enter anly one couse per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONGEST DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Toddville d. STREET ADDRESS Rural Last Todd 4. DATE OF DEATH February 19,1960 19 B. DATE OF BIRTH October 8,1871 9. AGE (In years lost birthday) 88 yrs. If UNDER 1 YEAR IF UNDER 2: 18871
RURAL ond give nearest town Toddville entire life d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION RURAL NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION RURAL NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION RURAL NAME OF HOSPITAL (If not in hospital, give street address) First Middle Monroe SEX 6. COLOR OR RACE WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED NO Retired Waterman & Nigh Watchman FATHER'S NAME Zachariah Todd WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) NO 1B. CAUSE OF DEATH [Enter anly one couse per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONGEST DUE TO Conditions, if any, which gave rise ta immediate cause (a), stating the under. lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	Toddville d. Street Address Con A FA YES N A FA YE
NAME OF DECEASED (Type or print) NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE White WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED WITH MARKING DIVORCED DI	Rural A. DATE
Charles Monroe SEX 6. COLOR OR RACE Married Note: Male White Widowed DIVORCED USUAL OCCUPATION (Give kind of wark dane) during most of working life, even if retired) Retired Waterman & Nigh Watchman FATHER'S NAME Zachariah Todd WAS DECASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) NO 18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	Todd PEATH February 19,1%0 19 B. DATE OF BIRTH 9. AGE (In years lef UNDER 1 YEAR IF UNDER 2 lost birthdoy) 88 yrs. Manths Days Hours Pustry 11. BIRTHPLACE (Stote or foreign country) Toddville 12. CITIZEN OF WHAT COUNTY U.S. 14. MOTHER'S MAIDEN NAME ROSE Anne Horseman INFORMANT Address TS. Ada M. Todd, Toddville, Md.
Male White WIDOWED DIVORCED USUAL OCCUPATION (Give kind af wark dane during most of working life, even if retired) Retired Waterman & Nigh Watchman FATHER'S NAME Zachariah Todd WAS DECEASEDEVER IN U. S. ARMED FORCES? In oo or unknown If yes, give war or dates of service) NO 18. CAUSE OF DEATH [Enter anly one couse per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise ta immediate cause (a), stating the under-lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	October 8,1871 88 yrs. Manths Days Haurs DUSTRY 11. BIRTHPLACE (Stote or foreign country) Toddville 14. MOTHER'S MAIDEN NAME Rose Anne Horseman INFORMANT Address TS.Ada M. Todd, Toddville, Md.
USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INITION (Give kind of wark dane 10b. KIND OF BUSINESS OR INITION (Give kind of wark dane 10b. KIND OF BUSINESS OR INITION (Give kind of wark dane 10b. KIND OF BUSINESS OR INITION (Give kind of service) (Give kind of kind	October 8,1871 88 yrs. DUSTRY 11. BIRTHPLACE (Stote or foreign country) Toddville 14. MOTHER'S MAIDEN NAME Rose Anne Horseman INFORMANT Address TS.Ada M. Todd, Toddville, Md.
Retired Waterman & Nigh Watchman FATHER'S NAME Zachariah Todd WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) NO 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the under. lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	Toddville 14. MOTHER'S MAIDEN NAME Rose Anne Horseman INFORMANT Address rs.Ada M. Todd, Toddville, Md. INTERYAL BETW.
Zachariah Todd WAS DECEASEDVER IN U. S. ARMED FORCES? s. no. or unknown) (If yes, give war or dates of service) NO 18. CAUSE OF DEATH [Enter anly one couse per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	Rose Anne Horseman INFORMANT Address rs.Ada M. Todd, Toddville, Md. INTERYAL BETW.
WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. PART I. DEATH Enter only one couse per line far (a), (b), and (c). 18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	rs.Ada M. Todd, Toddville, Md.
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONGEST DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	rs.Ada M. Todd, Toddville, Md.
18. CAUSE OF DEATH [Enter anly one couse per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONGEST DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8	INTERYAL BETW
200. ACCIDENT WAS LINDERLYING TO 20b. DESCRIRE HOW INJURY OCCUR	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUT
	PERFORMI YES N RED. (Enter nature af injury in Port I or Port II af item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED Haur a. m. p. m. 19 While at work 19 at work 19	PLACE OF INJURY (Hame, farm, foctory, street, office bldg., etc.) (Caunty)
21. I certify that I attended the deceased from 201	th accurred at 9;15 BM, fram the causes and an the date stated of ADDRESS (Street, city ar tawn, state) DATE ST. OS CHURCH ST. 2/2 UR CAMBRIDGE MD
Burial, CREMATION, REMOVAL Specify) REMOVAL Specify) Feb. 22, 1960 22c. NAME OF CEMETERY Dorchester M	OR CREMATORY 22d. LOCATION (City, town, or county) (State) emorial Park Cambridge, Md.
FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 958 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01951 Reg. Dist. No.

	1. PLACE OF DEATH	rchester		M	ARYLAND		Maryl		ed lived. If Instit b. COUN	ution: Resid			
	b. CITY OR TOWN (If and give nearest town	outside corporate limits, write	RURAL	c. LENGTH OF ST	AY IN 1b	c. CITY O	R TOWN (IF	autside corp	orale limits, write	RURAL or	nd give a	earest la	wn)
1	Church			Life	315	X	Churc	h Cr	eek Ru	iral			
		AL OR INSTITUTION (IF	not in ho	spital, give street add	dress)	d. STREET	ADDRESS R?F.I).				ON	A FARM?
	3. NAME OF DECEASED (Type or print)	First Sarah	mli.	Middle	Toda	Los	st	4. DATE OF DEATH	Mont Februa		Day		reor 1960
1	5. SEX			ED NEVER MARI	25 0 04 0		H		9. AGE (In years	IF UNDE	R TYEAR		ER 24 HRS.
	Female	Negro	WIDOWE	DE DIVORCE	ED []	lov.18	,1881		78 yrs.	Months	Days	Hours	Min.
F	10a. USUAL OCCUPATIO	ON (Give kind of work dog life, even if retired)	one 10b. I	KIND OF BUSINESS	OR INDUSTR	Y 11. SIRTHP	LACE (State	or foreign co	ountry)	12. CI	TIZEN O	F WHAT	COUNTRY?
ı	House w			Home			rylar			3 64	TISA		
ľ	13. FATHER'S NAME					14. MOTHER'S					ULL		111111
ı	Major	Travers				Eli	zabet	h Co	rnish				
h	15. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY N	10. 17. IN	FORMANT			Address			1	
ı	(Yes, no, or unknown)	(If yes, give war or dates of se	rvice)		Sr	encer	TORG	Ch.	urch Cr	a a a la	71.2		
ŀ	LIB CAUSE OF DEAL	TH [Enter only one cause	and line	for (a) (b) and (a)		7011001	1000	011	aren or	eek,	Mo	EVAL BETW	(4.4.)
	420.1	TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	Core	onary oc	clusi	Lon					ONS	Ins	tant
	Conditions, if a gave rise to immed (a), stoting the couse last.	fiate cause (
	PART II. OTH	IER SIGNIFICANT COND	ITIONS CO	ONTRIBUTING TO DE	ATH BUT N	OT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GI	VEN IN PA			AUTOPSY DRMED? NO 🖪
		JSE WAS NTRIBUTING 206	. DESCRIB	E HOW INJURY OCC	CURRED. (Er	ter nature of i	njury in Part	I or Part II	of item 18.)				
	20c. TIME OF INJUIT Hour a. m. p. m.	Y Month, Day, Year	Whit	Not while at work	facto	E OF INJURY (ry, street, office	(Home, farm, e bldg., etc.)	20f. (City	ar town)	(C	ounty)		(State)
	deoth resulted	from: Notural c		_		e, held ar		L-1'	spection 🔼		iry 🔲].		find that
	ACTUAL SIGNATURE_	jun	-n	way		M.D.	MEDICAL EX					DATE	SIGNED .
1	EXAMINER'S NAME (Type)	or. John M	ace	Jr.		DEPUTY	MEDICAL E	XAMINER	2/	4/60			
-	REMOVAL (Specify)	2/8/60		22c. NAME OF CEM				22d. LOCAT	NON (City, town,			(Star	te)
1	23. FUNERAL DIRECTOR	'S SIGNATURE		Linas F	ia. C	eme ter		BY REGISTI		ISTRAR'S S	OT.	Md.	
1	St.Clair		Hom		idge	, Md.	100	1 5 '60		hung S.			

VS. A15ME(5) 5M 9/55

or remayal.

图 100mm	
	T BE S MEDICAS EX ANDRER'S